



# Maricopa County Department of Public Health

## Request for Certified Copy of Certificate of Birth Resulting in Stillbirth

### Fetal Death Certificate – Mail Application

For Date Stamp

**WARNING: False Application for a Fetal Death Certificate is a Punishable Offense**

**A VALID GOVERNMENT PHOTO ID IS REQUIRED**

Order Info	Today's Date	Request for Certified Copy of: <input type="checkbox"/> Fetal Death <input type="checkbox"/> Certificate of Birth Resulting in Stillbirth	Number of Copies	Payment Type	Amount	<b>Office Use Only</b>  ___ Process ___ Return by Mail ___ Call  <i>Insufficient Fee:</i> ___ No Fee ___ Incorrect Fee ___ CC Expired ___ Incorrect Payment Type  <i>Identification:</i> ___ ID Expired/Invalid ___ Need Clear Copy of ID ___ Need CC Holder's ID w/Signature ___ Need ID w/Signature  <i>Proof of Eligibility:</i> ___ Need Documents ___ Need Signature on Application ___ Applicant Ineligible ___ Not an Arizona Record  Other: _____
	<b>Death Certificate Information</b>  Name on Certificate: First Middle Last Suffix  Date of Delivery Place of Delivery County  Mother's Maiden Name: First Middle Last  Funeral Home (if Applicable) Purpose of Request					
Person Requesting Certificate	<b>Applicant's Full Name - Printed</b> _____ <b>Applicant's Signature - Required</b> _____  Mailing Address Street City State Zip Code  Daytime Telephone Number Email Address  Your relationship to person on certificate – Check one **PROOF of eligibility/relationship/legal interest <b>MUST</b> be provided <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other _____					<b>Office Use Only</b>  State File Number  Request ID  Date Entered  Date Issued  Serial Number  Receipt #
	<b>Notary Area</b>  State of _____, County of _____  On this _____ day of _____, 20 _____ before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.  Notary Signature _____ My Commission Expires _____					
Verification	<b>Gov't Issued ID (OFFICE USE ONLY)</b>  <b>Documents Verified (OFFICE USE ONLY)</b>					<b>Application Checklist</b> <input type="checkbox"/> Proof of relationship enclosed if required (e.g. will, certified copy of birth certificate, marriage certificate, etc) <input type="checkbox"/> Clear photocopy of (front and back) of your valid, signed government photo ID OR your signature notarized <input type="checkbox"/> Sign the application <input type="checkbox"/> Correct fee enclosed – <b>NO PERSONAL CHECKS</b>
	<b>Mail Application:</b> MCOVR (Maricopa County Office of Vital Registration) PO Box 2111 – Phoenix AZ 85001 <b>Apply Online:</b> <a href="http://www.VITALCHEK.com">www.VITALCHEK.com</a> (Refer to website for current fees)  <b>Apply In Person:</b> We have 4 locations to serve you: Central Valley – 3221 North 16 <sup>th</sup> St., Ste. 100, Phoenix 85016 (1 blk S. of Osborn) North Valley – 2423 W. Dunlap Ave., Ste. 110, Phoenix 85021 (East of I-17 Exit Dunlap) West Valley – 1850 N. 95 <sup>th</sup> Ave., Ste. 182 Phoenix 85037 (101 Fwy/North of McDowell) East Valley – 4419 East Main St., Ste. 105, Mesa 85205 (I-60/202 Red Mtn Fwy)  <b>For answers to your questions, downloadable forms, information on acceptable IDs, and more, please visit:</b> <a href="http://www.MaricopaVitalRecords.com">www.MaricopaVitalRecords.com</a>					
Credit Card	<b>Payment information</b>  _____ / _____ Card Number Card Expiration Date <input type="checkbox"/> VISA <input type="checkbox"/> MC  \$20.00 X _____ = \$ _____ Signature of Card Holder # of Copies Requested <b>Amount to be Charged</b>					<b>*Must attach FRONT and BACK copy of credit card holder's valid government photo ID with signature</b>